

IN PATIENT SUMMARY BILL

UHID : MMH202478235

IP No : IP2024001357

Patient name : Mr.SOMASUNDARAM.V

Age : 76 Y 6 M 21 D/Male

Consultant Name : Dr.KUMARAVEL

Bill No : MMH/MH/IP202401310

Bill Date : 20/06/2024

DOA : 17/6/2024 8:41PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,500.00
6	GENERAL PROCEDURE	₹ 1,700.00
7	LABORATORY	₹ 10,571.00
8	NURSING CHARGE	₹ 2,400.00
9	PROFESSIONAL TEAM FEES	₹ 3,000.00
10	RADIOLOGY	₹ 3,500.00

Gross Amount₹35,521.00

Net Payable₹35,521.00

Advance Amount₹3,000.00

Received Amount₹32,521.00

Received Amount in Words : Thirty-Five Thousand Five Hundred Twenty-One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/17/2024	MMH/MH/RECH202402228	CASH	Advance Amount	3,000.00
2	6/20/2024	MMH/MH/REDH202413254	UPI	Collected Amount	32,521.00